

THE HOSPITAL CLIPPER

VOL 3 NO 3

NAVAL HOSPITAL MEMPHIS, MILLINGTON, TENNESSEE

MAR 70

BIRTHDAY OF THE MEDICAL CORPS

Almost a century has passed and the Medical Corps has never officially celebrated a birthday. On Tuesday, 3 March 1970, for the first time in history, a celebration was held commemorating their 99th birthday.

Although surgeons have been aboard American ships since 1775 and the establishment of the Navy's Bureau of Medicine and Surgery was clearly authorized in August 1842, the first official reference to a "Medical Corps" has gone undiscovered, and apparently unrecorded for the last century.

Research in the last year, however, revealed the legislative origin of the Medical Corps in the Appropriations Act of March 3, 1871 - an act that also provided for Naval rank for surgeons and for the Chief of the Bureau of Medicine and Surgery to assume the title of Surgeon General.

The act is now regarded as the "birth certificate" of the Medical Corps and medical officers around the world took time from their busy schedules to celebrate their "first" birthday in 99 years.



CAPTAIN D. SCHUFELDT, MC, USN.....COMMANDING OFFICER
 CAPTAIN F. M. BARNWELL, MC, USN.....EXECUTIVE OFFICER
 COMMANDER M. D. BERGQUIST, JR., MSC, USN.....ADMINISTRATIVE OFFICER

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 MISS GEORGE ANN SOWDERS



BEST BUY — Put your income tax refund to work, suggests Barbara Luna. Buy U.S. Savings Bonds. (Photo courtesy 20th Century-Fox).

HEALTH CARE INSURANCE AVAILABLE

Medical care for service members and their dependents terminates as of midnight on the date the member is discharged or released from active duty. In order to provide coverage during the transitional period until a service member can obtain medical insurance coverage individually or through his employment, arrangements have been made with participating companies to establish a short term (90 day) coverage for the member and/or his dependents. At present, the only participating companies are Blue Cross/Blue Shield and Mutual of Omaha. The cost varies with the company selected and the dependents who are covered. Each company has a different coverage program with maternity care being included with one company but not with the other.

The plan calls for payment in full for the ninety days prior to the man's release. The cost ranges from \$16.50 to \$103.00, depending on plan and number of dependents. This is the total cost for the three months. Whether or not you elect to take the plan and the company selected is your option. The government makes no endorsement or recommendation on either plan and all matters regarding coverage are strictly between participant and insuring company.

Further information concerning the plan may be obtained through HMCS HENRY or HMC HELTON in the Education Office. This plan is available to all personnel except active duty for training or retired persons.

By HMCS M. L. HENRY, USN

Tax Relief Due This Year

WASHINGTON (AFPS) — The income tax law signed recently by President Nixon will not help in filling out 1969 tax returns. It will have significant effect in 1970 and following years.

The major tax changes include higher standard deductions and special relief for single persons.

The personal exemption will go up to \$650 on July 1, 1970, which means wage earners may see a slight increase in their take-home pay in the following months.

In 1971, each exemption is to be worth a \$650 deduction. After that exemptions go to \$700 in 1972, then to \$750 in 1973.

For single persons, there will be a new rate schedule starting in 1971 that will hold their tax to no more than 120 per cent of the amount owed by married couples with the same income. The taxes now paid by a single person can run as much as 141 per cent of a married couple's taxes.

AMERICAN FORCES PRESS FILE

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Social Security

Examples of Monthly Cash Payments

This table shows examples of monthly cash social security payments. The amounts include the 15 percent increase recently signed into law. The new rates are effective January 1, 1970. The first checks in the new amount will be sent out April 3 covering payments for the month of March. A separate check in the amount of the benefit increase for the months of January and February will be sent out later in April. People who get benefits will get the increase automatically. They do not have to take any action themselves.

Average yearly earnings after 1950 ¹	\$923 or less	\$1800	\$3000	\$4200	\$5400	\$6600	\$7800
Retired worker—65 or older, Disabled worker—under 65	64.00	101.70	132.30	161.50	189.80	218.40	250.70
Wife 65 or older	32.00	50.90	66.20	80.80	94.90	109.20	125.40
Retired worker at 62	51.20	81.40	105.90	129.20	151.90	174.80	200.60
Wife at 62, no child	24.00	38.20	49.70	60.60	71.20	81.90	94.10
Widow at 62 or older	64.00	84.00	109.20	133.30	156.60	180.20	206.90
Widow at 60, no child	55.50	72.80	94.70	115.60	135.80	156.20	179.40
Disabled widow at 50, no child	38.90	51.00	66.30	80.90	95.00	109.30	125.50
Wife under 65 and one child	32.00	51.00	70.20	119.40	164.60	177.20	183.80
Widow under 62 and one child	96.00	152.60	198.60	242.40	284.80	327.60	376.20
Widow under 62 and two children	96.00	152.60	202.40	280.80	354.40	395.70	434.40
One child of retired or disabled worker	32.00	50.90	66.20	80.80	94.90	109.20	125.40
One surviving child	64.00	76.30	99.30	121.20	142.40	163.80	188.10
Maximum family payment	96.00	152.60	202.40	280.80	354.40	395.60	434.40

¹ Generally, average earnings are figured over the period from 1950 until the worker reaches retirement age, becomes disabled, or dies. Up to 5 years of low earnings or no earnings can be excluded. The maximum earnings creditable for social security are \$3,600 for 1951-1954; \$4,200 for 1955-1958; \$4,800 for 1959-1965; and \$6,600 for 1966-67. The maximum creditable in 1968 and after is \$7,800, but average earnings cannot reach this amount until later. Because of this, the benefits shown in the last column on the right generally will not be payable until later. When a person is entitled to more than one benefit, the amount actually payable is limited to the larger of the benefits.



Welcome Aboard to LCDR Clyde W. NULL, Jr., MSC, USN, who reports from the USS REPOSE where he served as the Fiscal and Supply Officer.

LCDR NULL, a native of Frederick, Maryland, is a veteran of twenty-two years service and was commissioned in 1960. Previous assignments include NAS, Glenview, Illinois (1960-63) where he was Medical Administrative Officer; two years (1963-65) as Medical Administrative Officer aboard the USS RANGER (CVA-61); and Medical Administrative Officer at the San Francisco Bay Naval Shipyard, Vallejo, California, from 1965-68.

He attended Solano College, Vallejo, California, and received an Associate of Arts Degree in 1968.



Three Hospital staff personnel received the Twenty Year Service Award. Pictured with Captain Dean Schufeldt MC, USN and Captain Pauline W. Schmid NC, USN are (L) Mr. Bennie Topp: Operating Services, Mrs. Maureen Wiggins: Nursing Service, and Mrs. Mary Francis Hawthorn: Staff Personnel.

RE-ENLISTMENTS

PROMOTIONS

&

AWARDS

TWO HOSPITAL STAFF RECEIVE AWARDS AT PERSONNEL INSPECTION



HMJ J. A. Stauffer, USN received the Navy Good Conduct Medal



HMC Ralph J. Marker, USN received the Semi-Annual Leadership Award. This award is given for outstanding leadership to Our Nation, Our Navy, and to this Command.

A QUICK TRIP TO DISBURSING



HMC Ralph J. Marker, USN is shown signing his reenlistment paper. Chief Marker is assigned to the Staff Personnel Division.



HMC John W. Maddox, USN reenlisted in the USN. LCDR Charles Carney MC, USNR did the honors.



HMC John T. Rowe, USN also reenlisted this month in the USN. The ceremony was held in the Pharmacy Department and LCDR Lucien Puckett, MSC, USN performed the service. No photograph was available at this time.

RED CROSS NEWS

MARCH IS
RED CROSS 
MONTH
help us help

Our biggest event this month was the Annual Sweetheart Contest. There were twenty-one photos entered by patients in the contest. The ceremonies and awards took place at the "Sweetheart" Dance on 11 February. Our band was "The Wings of Music" from NATTC at the Memphis Naval Air Station. During the intermission the winners were selected and prizes awarded. First place, and "THE SWEETHEART OF NAVAL HOSPITAL MEMPHIS" was a picture of a Philippino girl submitted by Anthony PAGE, and second place picture was submitted by Steve BELCHER. A special vote of thanks for a difficult job well done goes to the five judges: LT VOSLOH, LTJG BARRETT, Chief LAND, Chief WILLIAMS and BM2 NEWSOME --- a great night and much fun had by all!



The Wings Of Music

"Las Vegas Night" has now become a "regular thing" on our monthly recreation schedule. This popular activity is hosted by the Millington Junior Chamber of Commerce who act as our wheelers and dealers.



All Full Of Paper

Tournament night is still going strong. This month's pool champ is Richard OLINGERDEL. Ping Pong winner is, again, William GIBSON. What! No Shuffleboard players?

We had some new groups visit us this month: a delegation from the First Baptist Church in Memphis, and the YWA from LaBelle Haven Baptist Church. Both groups helped us with ward parties. They were very pleased with their reception from the patients and have asked to be placed on our schedule every month.



Where Did That Come From ?

We were also visited by Mr. Majahara, the magician, on 24 February. Putting on an excellent show everywhere he went, Mr. Majahara started his tricks in the Mess Hall, then the patient's recreation lounge, and ended up on the West Wing wards.

WHAT'S NEW DEPT: A new class of volunteers, and - - - starting in March, we will staff the recreation lounge four nights a week!!

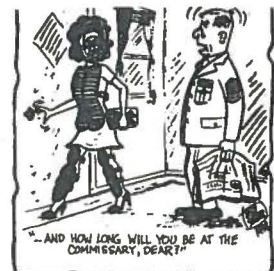
HAPPY BIRTHDAY TO OUR CAPTAIN



Staff members assembled in the dining area on 19 Feb 1970 to wish Captain Dean SCHUFELDT, MC, USN, Commanding Officer, a Happy Birthday. A beautifully decorated cake added to the festivity of the occasion.



What Will They Think Of Next !





DRUG ABUSE

AFPS



Easy to Read Drug Table Tells It Like It Is

Table Below Is Reprinted Courtesy The Detroit News—

	Marijuana	Hallucinogens	Amphetamines	Barbiturates	Cocaine	Heroin/Morphine
What They Are	Marijuana is the dried flowering tops and leaves of the <i>Cannabis sativa</i> , commonly called hemp. It looks like fine, green tobacco and smells like alfalfa. It is usually smoked, but can be baked into cookies, fudge or mixed with honey for drinking.	LSD, Mescaline and psilocybin occur in a natural state but are also illegally manufactured. Other chemicals being made include dimethyltryptamine, diethyltryptamine, tetrahydrocannabinol, phenylcyclohexylpiperidine and dimethoxymethylphenethylamine.	Amphetamines and methamphetamines are legally made and prescribed to curb appetites, relieve minor depression and increase energy. They are central nervous system stimulants. Some methedrine is manufactured illegally.	Barbiturates are sedatives prescribed to induce sleep and for their calming effect. Both psychological and physical dependence can develop with heavy use, particularly when abusers inject the chemicals intravenously.	Cocaine is extracted from the leaves of the coca bush and is a white, odorless, fluffy powder looking somewhat like crystalline snow. It is eaten, sniffed or injected, often with heroin, but is not physically addicting.	Morphine is derived from opium, and heroin is produced from morphine. Both are usually seen as a white, snowy powder which can be taken several ways but are usually injected. Narcotic addiction usually refers to these two drugs.
Slang Names	Joints, sticks, reefers, pot, hay, Mary Jane, Acapulco gold and Lactian green (in South Vietnam).	Acid (for LSD), DET, DMT, THC, DOM, PCP (or "Peace pills") and STP (Serenity, tranquility and peace).	Ups, pep pills, bennies, copilots, footballs, hearts and, for methedrine, meth and speed.	Red birds, yellow jackets, downs or downers, blue heavens and goof-balls.	Coke, leaf and snow. Speedballs when mixed with heroin.	'M' and dreamer for morphine, 'H', snow, junk, horse and nod for heroin, smack when mixed with marijuana.
Main Effects	Feelings of great perceptiveness and relaxed pleasure often accompany small doses. Erratic behavior, loss of memory and distortion of time, space, color and sounds follow bigger doses.	All produce varying degrees of illusions, delusions and hallucinations. They can lead to severe mental changes like those found in psychotics, and to depression and sometimes suicide.	Normal doses produce an increased alertness but very heavy use, particularly of injected methedrine, tends to produce vast overconfidence, hallucinations and aggressive acts.	Small amounts make the user relaxed and often sociable and good-humored. Belligerence and depression are frequent with major use, often similar to drunkenness.	Oral use can cut fatigue and produce some exhilaration. Intravenously, it can induce dangerous overconfidence, hallucinations and paranoid tendencies.	The two are generally sedative or calming and are effective pain killers. They slow pulse and respiration. Heroin is faster and shorter acting.
Possible Dangers	The risk depends on the personality of the user, strength of the drug and pattern of use. Distortion of space and time make the user accident prone. Psychological dependence is fairly common.	Permanent brain damage is suspected but unproved. Any can trigger psychotic episodes which may recur months later. LSD can break chromosomes — a potential for birth defects.	High blood pressure, irregular heart rhythms and heart attacks can result, as well as violent behavior. High tolerance and psychological dependence are rapid, but no true physical addiction.	Sedation, coma or death from respiratory failure can follow intentional or accidental overdoses. The user forgets how much he has taken. Alcohol and barbiturates together are deadly.	Convulsions and death can occur from overdoses but are not common. Paranoiac activity is common, however, and very strong psychological dependencies can develop.	Users are prone to respiratory failure until tolerance develops. Overdose deaths are fairly common because the drug compound can contain more pure heroin than the user expects or is able to tolerate.

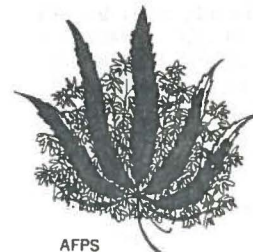
Should Marijuana Be Legalized?

By DR. JAMES L. GODDARD
Former Director, U.S. Food and Drug Administration

Our laws governing the possession of marijuana have without question been too harsh; but I do NOT believe that marijuana should be legalized. There are those who argue that the use of marijuana is a private act and does not harm society, and that marijuana is less of a danger than alcohol. These are attractive arguments, but they begin to break down upon closer examination. First, although not precisely defined, law MAY have a deterrent effect. Second, although the use of marijuana is a private act, it has the potential to cause harm to society. One has only to visualize marijuana being made freely available to adolescents who have not learned to cope with the problems of daily life, and it is not difficult to reach the conclusion that marijuana smoking

would become a serious societal problem.

If the KNOWN harmful effects of alcohol and tobacco are greater than those of marijuana, and if alcohol and tobacco are legal, why do I not advocate legalizing marijuana? I believe that if alcohol and tobacco were not already legal, we might very well decide NOT to legalize them -- knowing what we now know. In the case of marijuana, we should know in a very few years how harmful it is or is not. If we legalize it, and it turns out to be quite harmful-- a distinct possibility -- we shall have introduced yet another public-health hazard that for social and economic reasons might become impossible to dislodge.



AFPS

Information Concerning Marijuana

Marijuana is a true hallucinogen which possesses elements of both stimulation and depression. It is not medically considered to be a narcotic, although most states' laws declare that it is and the Federal controls over marijuana are similar to the controls over narcotic drugs. Navy Regulation Article 1270 also includes marijuana as a narcotic substance, and members of the Navy involved in this form of drug abuse are subject to punishment under the Uniform Code of Military Justice.

WELCOME ABOARD

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HA Michael W. MOSELEY	Great Lakes, Ill.
HA James E. MAGEE	San Diego, Calif.
HA James H. CRONIN	San Diego, Calif.
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HM2 William FUBNTE	MCAF, Okinawa
HN Charles H. THURMAN	RAD
HM2 Harvey S. HERRIN	RAD

DISBURSING OFFICE

DEPARTMENT OF THE MONTH



Disbursing at Naval Hospital is a branch of Naval Air Station Disbursing. The purpose of this office is to operate in such a manner as to render all disbursing services to hospital staff and patients. The function is three fold: (1) Payments to all naval personnel (special payments, regular pay days and discharges); (2) Delivery of checks and bonds to civilian personnel; (3) Issuance of transportation requests and payments of mileage to members and their dependents.

This is one office to which all staff and patients sooner or later pay a call. After reporting to Naval Hospital, all staff stop by either to liquidate their advance travel allowance or to collect monies for travel already performed. On detachment, again they call on Disbursing to collect advance travel, advance pay, and, far from least, to get their pay record for delivery to the next duty station. Many other services are rendered to staff personnel between the date of reporting and their detachment date, such as maintaining their pay records, regular payments on scheduled pay days, registering and cancelling allotments, payments of mileage and per diem for temporary additional duty travel, reservations for temporary additional duty, if requested, and providing information concerning monies due, plus many other services.

The same service is provided for patients as for staff personnel with some extras added. Since many of the patients have been

separated from their pay records, especially those from Vietnam, it is necessary to interview each patient whose record has been delayed and then reconstruct a pay record in order to pay the member until the permanent record is received. A safe-keeping depositary is maintained to safe-guard patients' valuables until they are able to care for them. Disbursing is staffed by two civilians and one Disbursing Clerk. Although, Mrs. PROCTOR is in charge of the office, she is quick to say that teamwork is the secret to the accomplishment of the work, a large percentage of which is done on a "time limit basis." No one person in this department can be assigned only a segment of the work but must know all duties involving the entire office in order that the services to the Naval Hospital personnel can be properly and timely rendered. (By the wildest stretch of the imagination, can you feature what would happen if Disbursing were ever late holding a regular pay day?)



The Disbursing Office staff personnel and positions are as follows, Mrs. Clemmie Proctor: Chief of Disbursing, Mrs. Rose Shannon: Assistant clerk and typist, PN3 Troy Holder: Patient and staff pay records.